ı	PATENT	APPI ICATI	. 1	April 200	nı or i	TOCKEL MO	moer							
L	PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003								1.07/2975					
Г	CLAIMS AS FILED - PART I							SMALL						
L	(Column 1) (Column 2)							TYPE		OR		R THAN ENTITY		
TOTAL CLAIMS			60	69				RATE	FEE	٦ ً	RATE	FEE		
Ŀ	FOR		MUMBER FILED		NUMBER EXTRA			BASIC FI	385.0	OR	PASIC FE	770.00		
Ŀ	OTAL CHARGE	ABLE CLAIMS	69 minus 20=		. 49			X\$ 9=		OR	X\$18=	982		
b	DEPENDENT C	/0 minus 3 =		· 7			X43*	+-	┪¨¨	X86=	122			
ľ	MULTIPLE DEPENDENT CLAIM PRESENT								+	OR		602		
•	* If the difference in column 1 is less than zero, enter "0" in column 2							+145=		OR	+290=			
								TOTAL		OR	TOTAL	3527		
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	OR	OTHER			
R		CLAIMS REMARKING		HIGHE	EST		ı		ADDI-	7		ADDI-		
AMENDMENT		AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA		RATE	TIONAL	·	RATE	TIONAL FEE		
Š	Total .	• 33	Minus	- 6	19			X\$ 9=		OR	X316=			
₹	FIRST PRESE	Minus	PENDENT	T AND			X43=		OR	X86=				
_			OCTO DE DE	PERCENT	COM			+145=		OR	+290-			
	_							TOYAL		OR	TOTAL			
2	1605	_ (Column 1)		(Colum	n 21	(Column 3)	^	DOIT. FEE		1=:-	ACOIT. FEE			
0		CLAMS REMAINING		HEGHE	51 ·		r		ADDI-	1 1		ADDI-		
AMENDMENT		AFTER AMENOMENT		PREVIOUS PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL		
MON	Total	• 33	Minus	- 6	,9	. 0		X\$ 9=		OR	X\$18=			
AME	Independent	• 5	Minus	***	10	.6	ľ	X43-		OR	XB6=			
ك	TOST PRESE	NTATION OF MIL	LIPLEDE	PENDENT	ZAM	لللك	ı	+145=			+290=			
	,					•	L	TOTAL		OR	TOYAL			
							A	OOT. FEE		JOR ,	COOT. FEE			
7	7	(Column 1)		(Column		(Column 3)				_ =				
		REMARKING AFTER AMERICHENT		PREVIOU	R	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADOI- TIONAL		
3 P	Total	-	Minus	PAID FC	9	-/-	+	X3 9=	FEE		X318=	FEE		
	Independent	6	Minus	/	5	/ 	-			OR				
	FIRST PRESEN	TATION OF MU	LTIPLE DEF	ENDENT C	I AUA		L	X43-	•	OR	X86-			
• #	If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.										Ī			
- ₽	R (DB 760760) Norther Priviously Paid For DA TURE COACE is less than the coace was to									OR .	TOTAL			
	THE THISTINGS NUMBER	ber Previously Paid or Previously Paid	d For' IN THE	S SPACE in a	res ricon	33 *		Off. FEE L	لتناسح		DOIT. FEEL OO).			
Parent and Trademark Office, U.S. DEPARTMENT OF COMMERCE														

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